

If you have a VISA credit card and you have lost your job or your household income has been significantly reduced as a result of COVID-19 you may be eligible to skip up to three monthly payments. To be eligible for a deferment, your VISA must have been open for at least six (6) months. Payments cannot be skipped if the loan is already 30 days past due and or over limit. Please complete all fields. Missing information may delay your ability to defer payment.

Please note: The standard \$30 fee for processing payment skips has been suspended to help members during the COVID-19 outbreak.

Mail –
 America's Christian Credit Union
 Attn: Loan Servicing Department
 P.O. Box 5100
 Glendora, CA 91740-5100

Fax –
 626.208.5563 Attn: Visa Desk

Personal Information:

Member's Name:

Best Contact Phone #:

Email:

 By proving my email address, I consent to receiving electronic communications regarding this request.

Date: ____/____/____

Account #:

Visa # (last 8 digits):

 Purpose of Skip, Place of Employment,
 and Additional Comments:

Signature and Certification:

You are submitting a request for America's Christian Credit Union (ACCU) to defer your credit card payment as indicated. You agree and understand that:
 1) FINANCE CHARGES will continue to accrue at the rate provided for in your original credit card agreement, during and after that time; and 2) deferring your next payment will result in your having to pay higher total FINANCE CHARGES than if you made your payments as originally scheduled; 3) we need your request at least 10 days before the statement cutoff date if your payment is made automatically or electronically; 4) if you have your payments scheduled through ACCU or any other financial institution's online banking it is your responsibility to cancel those payments during the deferral period; and 5) you will be required to resume your regular monthly payments in the month following the expiration of this agreement. All deferrals are subject to ACCU approval. Certain restrictions may apply.

By signing below, I am acknowledging that I would like to request a skip-a-payment for up to three (3) monthly payments for the VISA(s) listed above.

Name:

Date: ____/____/____

Signature:

Rev. 03/2020